



January, 2014
INITIAL APPLICATION
IN-STATE

THESE ARE INSTRUCTIONS FOR COMPLETING THE STATE & FBI FINGERPRINTS TO OBTAIN
YOUR CRIMINAL HISTORY RECORDS CHECK (CHRC).

PLEASE READ ALL INSTRUCTIONS CAREFULLY. FAILURE TO FOLLOW THE INSTRUCTIONS
WILL LEAD TO DELAY OF TESTING, CERTIFICATION, OR LICENSURE. IT IS THE APPLICANT'S
RESPONSIBILITY TO ASSURE THAT THE CORRECT INFORMATION IS RECEIVED.

CJIS Approved Commercial Fingerprinting Services
Private Fingerprint Providers/Mobile Units – May come to your facility when contacted directly by you.
Please use the Private Fingerprint Providers
The cost of fingerprints may vary from site-to-site

1. Private Fingerprint Providers/Mobile Fingerprint Units

For the most up-to-date locations and phone numbers for Private Fingerprint Providers/Mobile
Fingerprint Units, please visit:

<http://www.dpscs.state.md.us/publicservs/fingerprint.shtml>.

2. CJIS Electronic Fingerprinting Site – 410-764-4501 / 1-888-795-0011 (toll free)

Baltimore City: Central Repository (CJIS) Home Depot side of Reisterstown Plaza on the Appleby's
6776 Reisterstown Road, Suite 102, end of the mall. The Board of Nursing is located on the
Baltimore Maryland 21215, same side at the opposite end of the mall.)

No appointment Necessary
8:30a.m. to 5p.m. Monday, Tuesday, Wednesday, & Friday.
8:30a.m. to 6:30p.m. Thursday
8:30a.m. to 4:30 p.m. 1st and 3rd Saturdays of each month
(Please Call or Check web-site for additional times and locations)
<http://www.dpscs.state.md.us/publicservs/fingerprint.shtml>

INSTRUCTIONS FOR COMPLETING THE CRIMINAL HISTORY RECORD CHECK (CHRC)
LIVESCAN PRE-REGISTRATION APPLICATION OVERVIEW

- Type or print all information in black ink.

OBTAINING FINGERPRINTS and FEE (Please verify fee by visiting DPSCS web-site):

- You may have your fingerprints done by any certified fingerprinter in any state or country. Certified fingerprinters are found at local police barracks or your school may arrange for another facility to do the fingerprinting.
- If you get your fingerprints taken AT A CJIS FACILITY, send whatever receipt you are given to the Board with your completed application.
- If you get your fingerprints taken at a police barracks or a place THAT IS NOT CJIS, you will pay for the fingerprinting at that time and then send fingerprint card to CJIS, P.O. Box 32708 Reisterstown Road, Pikesville, MD 21282-2708 with a check or money order for **\$34.50 (Please verify fee by visiting DPSCS web-site)**. You will send a receipt for the fingerprinting to the Board with your completed application.

If your fingerprints are REJECTED, you will receive a letter from CJIS. Follow the instructions on the letter and send your REPEAT prints directly TO CJIS. CALL CJIS WITH ANY QUESTIONS ABOUT RETURNED CARDS AND REPEAT PRINTS. DO NOT RETURN THE REPEAT CARDS TO THE BOARD OF NURSING

VERIFICATION THAT FINGERPRINTS WERE TAKEN:

If you go to CJIS for fingerprinting, you will receive a receipt that you had your fingerprints taken and accepted by CJIS. You may also deliver your completed fingerprint cards and the **\$34.50 (Please verify fee by visiting DPSCS web-site)** fee directly to CJIS at the Reisterstown Plaza, 6776 Reisterstown Road, Suite 102, Baltimore, MD. 21215 and receive a receipt. Use that receipt (no matter what the receipt looks like) to attach to your completed application.

ALL receipt(s) must have the:

- a. Applicant's full name; and
- b. Date and transaction/reference number
- c. Signature of the person taking the fingerprints.

If you do not send the verification of CHRC in with your completed application, together at the same time, your application will not be processed until the Board receives your results.

INSTRUCTIONS FOR COMPLETING THE LIVESCAN PRE-REGISTRATION APPLICATION

1. Enclosed is the required 'Livescan Pre-Registration Application' document. This document is used for the State and FBI criminal history records check. Take this document to any of the LiveScan locations located on DPSCS web-site.
2. For CJIS Customer Service Desk call 410-764-4501 or 1-888-795-0011; 8a to 5p Monday - Friday.
3. Be sure to take **at least one** of the following proper forms of identification with you. **Documents must be current.**
 - Maryland driver's license
 - Another state or country driver's license
 - Passport
 - Certificate of U.S. citizenship
 - Alien registration card
 - Identification card issued by a state or local governmental agency, the District of Columbia, a United States territory, or a foreign government.
4. Pay the fee and have your fingerprints taken. Get a receipt (which will provide you with the 12-digit transaction number), attach receipt to your application and send to the Board.
5. **Check with the LiveScan provider, before completing the 'Livescan Pre-Registration Application' document. If you are not instructed to fill in a section here, leave it blank.**
 - Fill in your name and address – this information will be used in the event that your prints are rejected and CJIS needs to contact you.
 - Fill in your birthday (e.g. month/day/year 05/27/1988 -all four digits for the year)
 - Place of birth- state or country
 - Citizenship- country
 - Height and weight- do not use fraction of inches or pounds
 - Race codes:
 - I - American Indian or Alaskan Native
 - A - Asian or Pacific Islander
 - B - African American
 - W - White (including Hispanic/Latino)
 - O - Other
 - Gender/Sex- "F" for female; "M" for male
 - Eyes/hair- color of your eyes and hair
 - SS# or work visa number - if you do not have one, enter zeros (000 00 0000); **do not** use a tax ID number
 - Maryland driver's license - write in your Maryland driver's license number. If you do not have a Maryland driver's license, write in N/A
 - In the middle of the document, unless already checked, check box: Governmental licensing or certification
7. **Write down or keep a copy the transaction number, provided on your receipt.** If the criminal history records check results are not received in this office, **you** will need to track the results. **WITHOUT THE 12-DIGIT REFERENCE NUMBER, YOU WILL NOT BE ABLE TO COMPLETE YOUR ONLINE INITIAL APPLICATION!**

If you have any questions:

- Consult the Board's website for the status of your pending license, or
- Consult the Board's website for CHRC process questions - located under Criminal History Records Checks link
- If you have any questions:
 - a. Consult the Board's website for the status of your application, or
 - b. Consult the Board's website for CHRC process questions - located under Criminal History Records Checks link
 - c. If you have questions about the CHRC results, you may contact Dorothy Haynes, Legal Associate and leave the following information (leave your name, telephone number, ssn, transmittal number, and- if your application is at the Board at one of the following:
 - i. 410-585-1952 or
 - ii. fax 410-358-3530, or
dorothy.haynes@maryland.gov



STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
CRIMINAL JUSTICE INFORMATION SYSTEMS – CENTRAL REPOSITORY

LIVESCAN PRE-REGISTRATION APPLICATION

APPLICANT INFORMATION *(PLEASE TYPE OR PRINT CLEARLY)*

Name:					
Date of birth:		SSN:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <i>(Please check)</i>	
Height:	ft.	inches	Weight:	lbs.	Eye Color:
Race: <input type="checkbox"/> Black		<input type="checkbox"/> White		<input type="checkbox"/> Asian/Pacific Islander	
<input type="checkbox"/> Native American		<input type="checkbox"/> Other <i>(Please check)</i>			
Place of Birth:				Citizenship:	
Current address:					
City:			State:		ZIP Code: -
Daytime Phone:		Evening Phone:		Driver's License #:	

AGENCY INFORMATION

Agency Authorization #: 9300000850	
ORI # (if required): MD920480Z	Reason fingerprinted? CNA Initial
Position Applied for: MD Ann. Code Health Occ. §§8-303, 8-6A-05	
Request Type: <i>(Choose one ONLY)</i> <input type="checkbox"/> Adult Dependent Care <input type="checkbox"/> Attorney/Client <input type="checkbox"/> Child care <input type="checkbox"/> Criminal Justice <input type="checkbox"/> Gold Seal/ Adoption <input type="checkbox"/> Gold Seal/Letter/VISA <input type="checkbox"/> Government Employment	<input checked="" type="checkbox"/> Government Licensing or Certification <input type="checkbox"/> Immigration/VISA <input type="checkbox"/> Individual Challenge <input type="checkbox"/> Individual Review <input type="checkbox"/> MSP Licensing <input type="checkbox"/> Private Party Petition <input type="checkbox"/> Public Housing

Mail Response to:

(Mailing option only available for Visa Gold Seal and/or Individual Review)

Name:
Address:
City, State, Zip code: